

# Sexual and Reproductive Health of Migrant and Refugee Women

Research Report and  
Recommendations for Healthcare  
Providers and Community Workers





**Australian Government**  
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## Introduction

Sexual and reproductive health is a key component of quality of life, with utilisation of sexual and reproductive health services associated with positive mental health [1]. However, these services are underutilised by migrant and refugee communities [2-4]. This can result in a lack of information for informed decision-making and poor sexual and reproductive health outcomes among migrant and refugee women [4-6].

There are a range of reasons why migrant and refugee communities underutilise sexual and reproductive health services [2, 7]. Social and cultural norms sometimes make open discussion about sex and sexuality difficult [8-10]. Consequently, health concerns may not be addressed with family members and healthcare providers. As a result, women may have poor knowledge of, and access to, contraception, and feel ill equipped to articulate their sexual rights [11], exposing them to STIs and unwanted pregnancies.

Where premarital sex is discouraged, parental and community attitudes can influence women's contraceptive education and prevent access to the HPV vaccine [12, 13]. If it is seen as inappropriate and unnecessary for unmarried women to access sexual and reproductive health services [5, 6], such women may be ashamed to obtain contraceptives [14], or be fearful of parents or the community finding out they are using contraception [15]. Personal reputation or family honour may then be jeopardized if it is known that they are engaging in premarital sex [4, 9].

How diseases and treatment of illness are socially and culturally understood may be a barrier to accessing sexual and reproductive health services for some women. Infections and diseases may be seen to be determined by a god or by fate, therefore contributing to avoidance of sexual health screening behaviours.

There is a need for health providers to recognise the social norms and practices of sexual and reproductive health within migrant and refugee populations, in order to provide culturally safe medical care, health education, and health promotion, and to increase capacity to access sexual and reproductive services [10, 16-18].

## The Research Study

The aim of our research was to examine how sexual and reproductive health is experienced and understood by recent migrant and refugee women, living in Sydney Australia and Vancouver Canada. This allowed us to identify unmet sexual and reproductive health needs and barriers to accessing information and services [19, 20]. We interviewed women from a range of recent migrant and refugee communities, including Sudan, South Sudan, Somalia, Iraq, Afghanistan, Sri Lanka (Tamil), India (Punjab) and Latin America. In this document we present participant accounts of experiences of sexual and reproductive health. This includes: menstruation and menopause; contraception; sexual relationships; female genital cutting; sexual health screening; and use of sexual health services.

We draw on these findings to outline implications for health services and provide recommendations to healthcare providers for culturally safe care of migrant and refugee women's sexual and reproductive health needs.

## Research Methodology

A total of 169 women participated between July 2014 and March 2016. In-depth one-to-one interviews were carried out with 84 women. Additionally, 16 focus groups were held with a total of 85 women [20].

Women were aged between 18 and 70 years, with 35 being the average age. 54% were married, 2% living together but not married and 44% were single (including

divorced and widowed). Participants had arrived in Australia or Canada an average of 6 years before the interview. The majority identified with Islamic religion with 66% Muslim, 20% Christian, 7% Hindu, 2% Sikh, 1% Buddhist and 5% non-practicing (See Figures 1-4 for demographics).

Australia and Canada were chosen as the sites for the research as they are similar geographically, economically and politically, and have comparable migrant and refugee populations.

The specific cultural groups were chosen through consultation with community stakeholders who are involved with supporting or providing sexual and reproductive healthcare to migrant and refugee populations. The cultural groups selected (Figure 1) were recognised as being underrepresented in previous sexual health research, and were identified as underutilising current sexual health services, despite reflecting a significant proportion of the recent culturally and linguistically diverse<sup>1</sup> migrant population of Australia and Canada.

### Interviews

Trained community interviewers within each of the language and cultural groups were involved in recruiting and interviewing the majority of women in both Sydney and Vancouver.

In Sydney, participants with conversational English had the option of being interviewed in English by one of the research team. Women gave informed consent and interviews and focus groups were digitally recorded. Topic areas focused on the

reproductive lifecycle from menarche to menopause, and on sexual health practices, including sex before marriage, consent, pleasure and desire, contraception knowledge and use, and sexual health screening.

### Data analysis

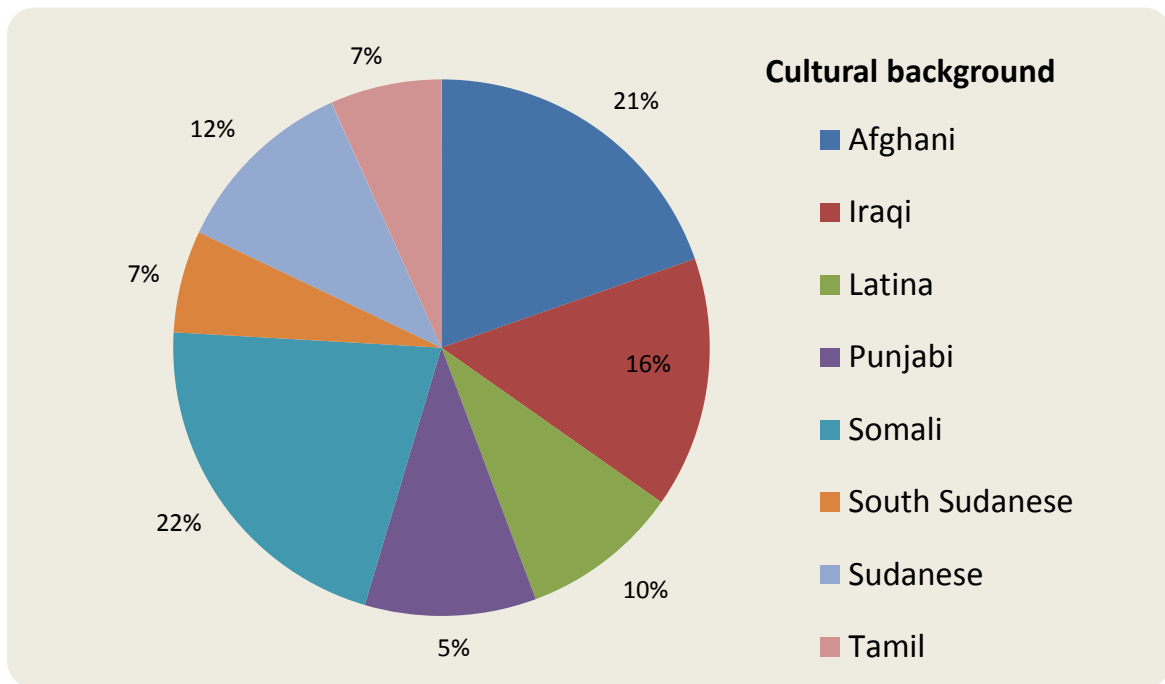
Interviews were translated by the community interviewers, and transcribed verbatim, with actual names replaced with pseudonyms. Thematic analysis was used to analyse the data. This is a qualitative method for identifying, reporting and interpreting patterns or themes within interviews [21].

Although differences were found within and between women from different cultural backgrounds there was no notable difference between accounts of women from Australia or Canada. Therefore, in our presentation of women's accounts below, we have identified cultural background but not country of residence post-migration. We acknowledge that the findings may also be applicable to women from other cultures including non-migrant women.

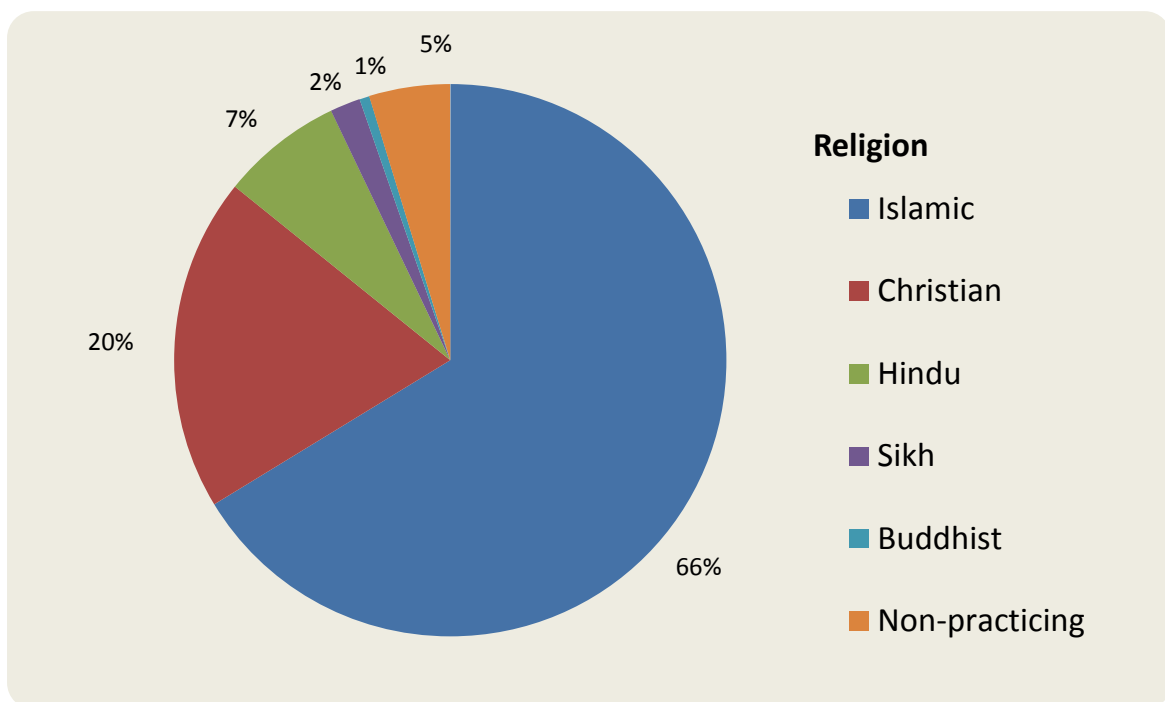
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<sup>1</sup> The term "culturally and linguistically diverse" (CALD) is used in Australia to describe people who have a cultural heritage different from that of the majority of people from the dominant Anglo-Australian culture, replacing the previously used term of people from a "non-English speaking background" (NESB). As this term is not used in Canada, we are defining our sample as 'migrant and refugee women'.

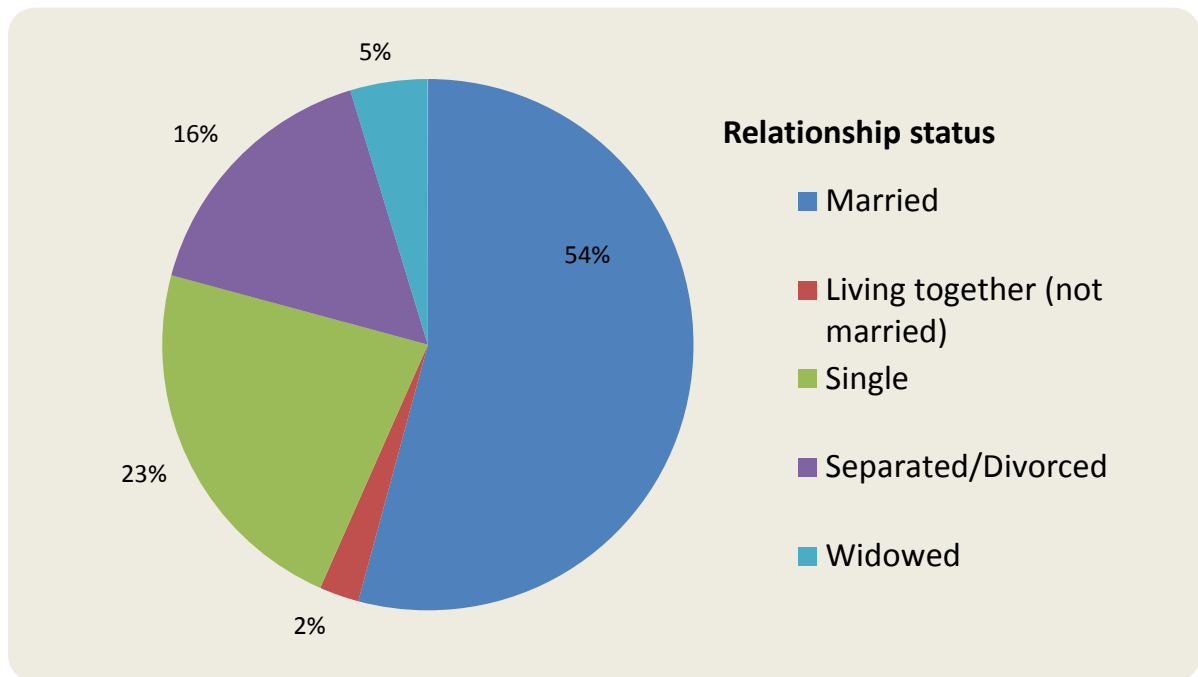
**Figure 1: Cultural background of participants**



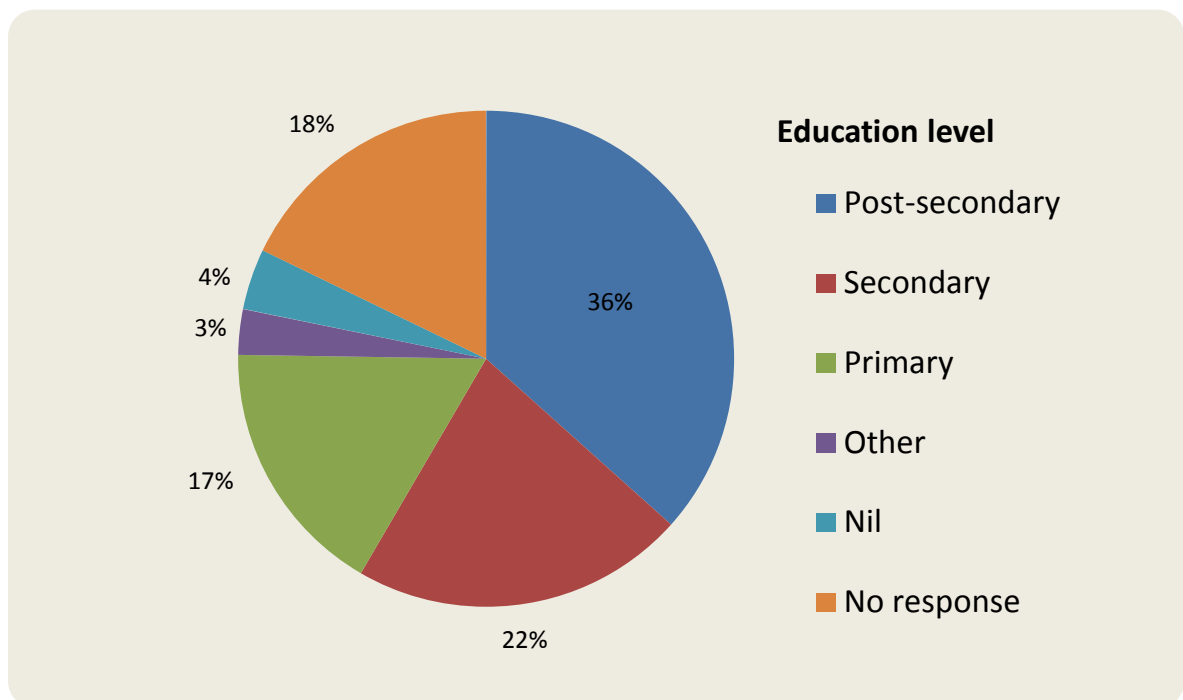
**Figure 2: Religion of participants**



**Figure 3: Relationship status of participants**



**Figure 4: Education level of participants**



## **Menarche, Menstruation and Menopause**

### **Fear, shame and secrecy at menarche**

Many women had received no information about menstruation prior to menarche and described the experience as being isolating, shocking and frightening. They often had no idea what menstrual blood was, where it came from or what it meant. Some women mistook menstrual blood for faeces or urine, thought they were sick or injured, or believed they were being punished for wrong doing [19].

### **Absence of communication about menstruation**

Many young women concealed their first period and did not discuss it with anyone, because of feelings of shame. Menstruation was described as a forbidden topic in many families. If women had received information and support at menarche it was primarily from their mothers, or from female friends and relatives. Some women had received a biological explanation of menstruation at school. This information and education was often brief, and did not alleviate feelings of shame.

### **Mother-daughter communication**

The majority of women wanted their daughters to avoid the negative experiences they had been through at menarche. However, some women felt embarrassed talking about periods with their daughters. This acted as a barrier to providing menstrual information and support. Women who had received help from community workers in providing menstrual education were more confident about talking to their daughters.

### **Limited knowledge of the function of menstruation**

Menstruation symbolised a girl becoming a woman, and in some cultures resulted in an expectation of early marriage. However, the majority of women told us that they had no knowledge of the link between menstruation and reproduction before their first period. Some women only learnt about the function of

menstruation when they became pregnant. Those women who did know the purpose of menstruation had learned through science classes at school, or through informal mechanisms, such as female friends and family.

### **Cultural and religious restrictions during menstruation**

Menstruating women were commonly considered dirty and unclean. Some women from Afghanistan and Iraq were told not to shower during menstruation, as this was thought to increase pain and bleeding. In a few instances, women practiced shower avoidance for up to four days. Women who identified as Muslim or Hindu were prohibited from visiting holy sites, praying or touching holy books. Menstruating women were also exempt from fasting at Ramadan.

Most participants avoided sexual contact with their partners during menstruation. Blood was positioned as dirty and a waste product, and having sex during menstruation seen as unhealthy for women and their partners. Menstrual sex was religiously prohibited for Muslim women.

### **Menstrual difficulties**

Many women reported menstrual difficulties, including severe pain, heavy bleeding, and extended bleeding. Only a minority of women had discussed such difficulties with a health care professional. Women who had experienced female circumcision were concerned about infection or build-up of menstrual blood.

Some women experienced negative premenstrual changes, both physically and psychologically. Social and cultural norms meant that premenstrual distress was often not recognised or discussed.

### **Menopause**

Many participants had poor knowledge of menopause. It was commonly viewed as an illness or sickness resulting in negative physical and psychological changes to the body. Women wanted more information about menopause and how it might affect them.



**Talking about menstruation is considered shameful for some migrant and refugee women**

*In Sudanese culture it is **shame to talk about it** [periods] (Saba, age 48, Sudanese)*

*I also associate a period with **shame...something dirty and something to feel bad [about], it's something to feel ashamed of.** (Latina Focus Group)*

**Some women were married immediately following menarche**

*When the girls get their period they can be married to a man. (Somali Focus Group)*

*In South Sudan, **when the girl has the first period**, that means you are considered as a woman . . . it's associated with marriage . . . **you're going to get married and you are going to have babies.** (Akoi, age 40, South Sudanese)*

*I remember my uncle's wife told my dad [that I had my first period] and **that is how I got engaged and married by 14.** Before knowing anything I was already a mother. (Mino, age 32, Afghani)*

**Young girls may have poor knowledge of menstruation prior to menarche**

*I had no idea what menstruation meant, I had never even heard about the word. It was quite **scary** for me. I would say I was kind of **horrified** that something was **wrong** with me or I might have **hurt myself.** (Shiwa, age 23, Afghani)*

**In some migrant and refugee cultures menarche is celebrated**

*It's a **big ceremony** it's called a **saree party** here [Australia] (Tamil Focus Group)*

*During that time, people **celebrate**, and people **dancing** and people **killing this big cow to celebrate**, and **different types of foods** are cooked for the celebration (South Sudanese Focus Group)*

**At menarche a girl becomes a woman, which can lead to restrictions**

***You start bleeding and you become a woman.** (Amaal, age 42, Somali)*

*You need to change your manner, the way of sitting, **you can't play outside with your friends**, it's different. (Raana, age 43, Iraqi)*

*You can't play around like a child again . . . **I didn't like having to grow up.** (Lokoya, age 42, South Sudanese)*

**Migrant and refugee women may have poor knowledge of menstruation as a reproductive function**

*For me **I didn't know**, I mean like that **I will become pregnant, the first time I started bleeding.** Our parents were not educated. **They didn't know how to communicate with their children** because they were less educated (Somali Focus Group)*

**Migrant and refugee women may need information and resources to help prepare their daughters for menarche**

*I was **scared to tell her about the period** because my **daughter might misunderstand me**...But I went to a migrant resource centre and there was a lady talking about women's health. She talked about periods and how to tell daughters. **I learnt from that session and it encouraged me to tell my daughter.** (Sudanese Focus Group)*

*I **don't want my daughters to be shocked** like I was (Madina, age 45, Iraqi)*

**Female circumcision (or genital cutting) may be associated with menstrual difficulties**

*When you got periods, **that's why you got sick, because there is no space to come, the period.** (Hasina, age 25, Somali)*

*My cousin was in the countryside in Sudan and she had this bad circumcision which closed everything. **So when she has her period, it doesn't come out and it just stays in her tummy and poisons her body and she died.** That's why people are so scared. (Sudanese Focus Group)*

**Menstrual and premenstrual difficulties were common, but rarely discussed with health care professionals**

*I have a **very strong constant pain** that was so bad and so strong that when I had my three miscarriages I didn't realize that those were [miscarriages] because **I've always had very heavy periods and a lot of blood and bleeding** for many days. (Latina Focus Group)*

*Whenever I have my PMS I'm **very moody I'm very emotional** sometimes very aggressive as well...Well **my family doesn't know how to react to it** they just tell me to shush and go away... (Fahmo, age 23 Somali)*

**Migrant and refugee women may have poor knowledge of menopause**

*I would not want my period to stop because this makes me imagine that I will be **getting ill, and blood will be accumulated in my body** and I will not have any more energy (Arifa, age 48, Iraqi)*

*But **my heart says they [periods] should stop as I feel anxious.** I feel I will **feel better if they stop** (Zinat, age 45, Punjabi)*

## **Recommendations Regarding Menstrual Healthcare for Migrant and Refugee Women:**

- Awareness of cultural sensitivities surrounding discussion of menstruation for migrant and refugee women
- Awareness of the association of menarche and marriageability
- Awareness of cleansing rituals post menstruation
- Information and resources for community workers on menstruation, premenstrual distress and menopause needs to be available
- Recognition of menstrual problems among migrant and refugee women (e.g. pain and heavy bleeding; menstrual difficulties following female circumcision or genital cutting (FGC); consult with FGC network
- Awareness that young women may have poor knowledge of the association between menstruation and fertility. This may have implications for unplanned pregnancy and contraception
- Encouraging schools to engage with parents in developing programs of education about menarche and menstruation

## **Menstrual Healthcare Resource and Support Needs of Migrant and Refugee Women:**

- Menstrual education and information to help mothers prepare their daughters for menarche
- Information on menstrual health conditions such as painful or heavy bleeding and fibroids, pelvic inflammatory disease
- Encourage women to seek help if they have heavy menstrual bleeding; support the use of contraception for menstrual difficulties e.g. heavy bleeding
- Menstrual education for prevention and early treatment of reproductive cancers
- Education on anatomy of menstruating body, from whole life body perspective and how bodies change e.g. female genitalia and what is 'normal'
- Menstrual and fertility education to prevent unintentional pregnancies; e.g. through Life Education NSW
- Menstrual education to include the use of sanitary products, including tampons
- Information on premenstrual change - what it is; what to expect; prevention and support
- Information on menopause - what it is; what to expect; support

## Contraception and Family Planning

For the women in our study, the primary source of contraception information was female friends and relatives, followed by the media. Women described piecing together their knowledge through multiple sources, including formal and informal learning. Some women had little knowledge of contraception due to poor education in their countries of origin or personal disinterest.

Condoms and the contraceptive pill were the methods most women knew about. However, beliefs some women held about such methods were not always medically sound [22].

### Culture and religion

Among some Muslim women the use of contraception was strictly forbidden as it was considered to be killing a 'child'. Many women were expected to reproduce until they were no longer fertile.

Christian women from Dinka tribes of South Sudan stated that it was culturally unacceptable for a husband to have sex with his wife while breastfeeding, thus acting as a birth spacing mechanism.

Unmarried women were forbidden from contraception knowledge or use. Many married women needed the agreement of their husband to use contraception. In some cases, parents and in-laws were involved in the decision-making. Contraception was mostly used after the first child was born.

Across all cultural groups there were expectations to have children, with a preference for boys. Amongst South Sudanese, Sudanese and Somali women

large-sized families were expected. Smaller family sizes were desired among Punjabi and Tamil women, as long as there was at least one boy child.

### Experiences of contraception use

The use of contraception was fraught with worry and concern due to feared side effects. Concern about these side effects resulted in some women avoiding use of any form of contraception. However, unplanned pregnancy was also a concern, and many women told us that they wanted contraceptive education for themselves and their community. Natural methods of cycle calculation and withdrawal were commonly used. However many women reported this ended in unplanned pregnancies.

The contraceptive pill was tried by a number of women, but was often discontinued due to negative side effects. These included headaches, weight gain, and changes in mood. Women also worried about the impact of the pill on future fertility. Women reported mixed experiences with IUD's, contraceptive injections and implants with many reporting heavy or irregular bleeding as a side effect contributing to discontinued use. Few women used condoms and those who did described a negative impact on sensation.

### Abortion

A number of women had undergone abortion before and after migration. Although religiously forbidden, some women and their husbands considered abortion acceptable in the case of financial pressure or in very early pregnancy. Discussing abortion with others was taboo, so it was conducted in secret.

Many migrant and refugee women have limited or inaccurate knowledge of contraception and fertility control

*I have **no idea** about **contraception** (Akeck, age 30, South Sudanese)*  
*The **two sides of the IUD close the two passages to tubes** that take you to the eggs...**sperm can't get through** and they have to return back (Sharifa, 43, Iraqi)*  
*Just the condom for prevention...**I don't know anything else** (Ara, 34, Afghani)*  
*I wanted to know more about **contraception** but at that time **there was no internet and nobody was around to give me any kind of knowledge** and no books that I could rely on. (Wafa, age 40, Sudanese)*

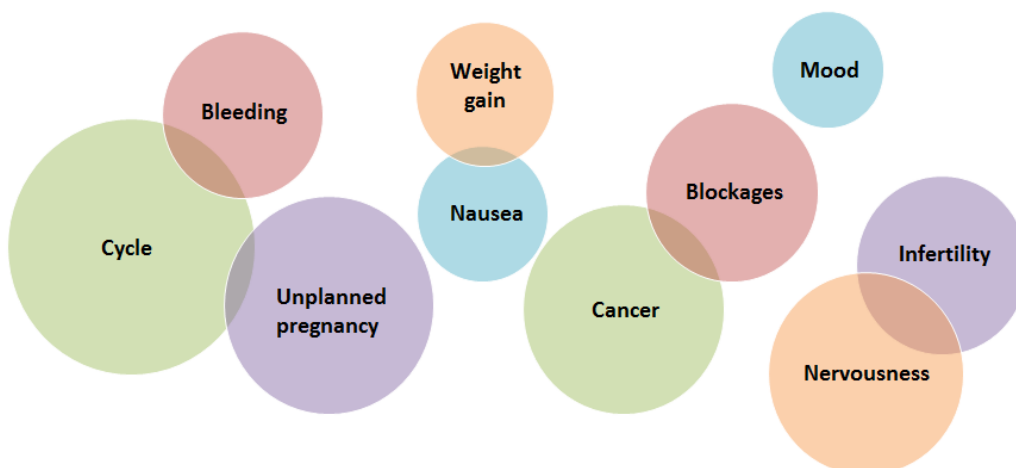
Due to poor knowledge of contraception, migrant and refugee women may have unplanned pregnancies

*My husband would **try to pull out to not get pregnant**, but despite that...**I got pregnant** with my son (Afghani Focus Group)*  
*After my first baby **I took pills, while I am using them I fell pregnant five times. I did abortion** because I didn't want more children. (Najiba, age 64, Iraqi)*  
*I didn't use any pills or condoms, **I made a mistake on the day's calculation** and fell pregnant with my second child (Zarina, 32, Tamil)*

Many migrant and refugee women have fears and negative past experiences using contraception (Figure 5)

*They gave me shots...and **my period has completely stopped... I just wonder if it later on will create complications. So all those periods just stay in and they gather up, right?** (Anosha, age 30, Afghani)*  
*Contraceptives will **cause a lot of problems**, sometimes they say **you will have a blockage**, sometimes they will say, **you will bleed to hell** after that (Akoi, age 40, South Sudanese)*  
*If they take that birth control...**it might make them not to have kids anymore**, that's the big issue (Arliyo, 26, Somali)*

Figure 5: Negative Experiences and Misconceptions Surrounding Contraceptive Use



**Religious and cultural beliefs may be a barrier to contraception use for married and unmarried women**

*No the **religion does not allow** women to use contraceptives (Hido, age 68, Somali)*

*...**there is no need to stop pregnancy because you're not even supposed to get pregnant before you are married and a woman is not supposed to have sex before she is married.** (Maano, age 19, Somali)*

***No I never use it [contraception], my religion and culture allow it only if the woman is sick...**women don't normally use contraception, maybe one in one hundred would use it (Saafi, age 43, Somali)*

**There are cultural and family pressures for women to have children**

*If you **don't have baby, you can't be in the culture** (Tamil Focus Group)*

*Sometimes you don't have a choice [about having a baby]... **the family, they're controlling.** You are not you and your husband only (Somali Focus Group)*

**Some women wanted contraception information and education**

*So this is a **real education that women need to know, they need to learn that you have to stop having babies, using contraception** (Akoi, age 40, South Sudanese)*

*That's **something that I want to know about - if you don't want to have kids ... so let's say safe sex and usage of contraceptives** (Setara, age 23, Afghani)*

## **Recommendations Regarding Contraception and Family Planning for Migrant and Refugee Women:**

- Language and culturally appropriate information and education about various methods of contraception
- Addressing misconceptions about methods of contraception during consultations
- Where appropriate, involving husbands in discussions of available methods of contraception
- Using the term 'women's health' instead of 'family planning' can may be more culturally acceptable
- Awareness of the social and cultural sensitivities that migrant and refugee women may have regarding contraception use and not to assume knowledge on the part of patients
- Recognising that unmarried women, and married women wanting to use contraception before the birth of their first child, may experience difficulties in requesting contraceptive information and support
- Giving information to women at antenatal classes and following childbirth while they are engaged with health providers
- Consulting with community and religious leaders to receive their support on contraception education
- Contraception and family planning education for men by male educators
- Contraception and family planning education for community workers to prevent misconceptions being passed on
- Up-skilling general practitioners on methods of contraception, including natural methods and on how to handle conversations with migrant and refugee women

## **Contraception and Family Planning Resource and Support Needs of Migrant and Refugee Women:**

- Information on different types of contraception, to counter worries and misconceptions; e.g. about the effect on bleeding and future fertility, and the level of risk
- Information on low cost contraception options, including what is available for those without Medicare cover
- Information on natural methods of birth control to increase efficacy for women who choose not to use other methods of contraception
- Information on emergency contraception and abortion
- Information on pregnancy options such as adoption and IVF
- Development of a contraceptive decision-making tool targeted at CALD women
- Information and support services following abortion



## **Sexual Knowledge and Communication**

### **Premarital sexual knowledge and communication**

Across most of the cultural groups, unmarried women were not permitted to discuss sex, or be part of a conversation that made reference to sex. To break this taboo was culturally shameful. Sex and intimacy was only acceptable within married heterosexual relationships [20].

As a result, premarital sexual knowledge was limited. Some women had received basic sex education at school and a few women had talked about sex with their friends. Very few women received sexual information from their parents. A number of women were wary about their children receiving sex education in school in Australia or Canada, for fear it would encourage premarital sexual activity. Conversely, some women wanted information and support in order to educate their children about sex.

### **Premarital sex and relationships with men**

Women's contact with men was restricted in some instances, and entwined with rules, regulations and repercussions. Premarital physical contact such as hugging, hand holding and kissing was forbidden for some. Women made a conscious effort to avoid association with men because of the potential for condemnation by family and the wider community. Even thinking about sexual intimacy before marriage was considered as "harming your religion". If women did have sex before marriage, it was kept secret.

Women who were known to have had sex before marriage were at risk of social exclusion, no longer being seen as a desirable partner, or were forced into marriage to protect family honour. Women who became pregnant as a result of premarital sex were often isolated and

rejected by their family, and wider society.

Many women felt anxious about raising daughters in a Western context, given the different cultural value placed on virginity. Mothers worried about the influence Western education and peer pressure may have on their daughter's choices, as they wanted their daughters to be virginal at marriage.

### **Marital sexual communication and consent**

Open communication about sex within marriage was also uncommon. Women who openly discussed sex were commonly seen as 'bad women' and vulgar.

Women's expression of sexual desire within marriage was associated with embarrassment and shame, and considered offensive. Women disclosed shyness and shame at the prospect of initiating sex with their husband. A few women acknowledged a woman's right to sexual pleasure; however, the majority believed the focus of sex was on male pleasure and childbearing.

Refusing sex was unacceptable and seen as a "sin" across cultural groups. Many married women felt they did not have the "right" to say no to their husband and some women feared that refusal of sex could result in their husband "looking elsewhere". This resulted in frequent unwanted sex for many women. Some women however, could discuss sex, express desire and say no to sex.

Accounts of painful sex were common. Women frequently did not disclose sexual pain to their husband. Vaginal dryness was commonly associated with sexual pain. Few women had knowledge of lubricants, or means of increasing sexual pleasure. Many women saw addressing sexual issues or concerns with a doctor as too embarrassing.



**Some women have limited knowledge about sex prior to marriage**

*You **don't get enough information** about sexual relationship especially if a girl is not married...**no-one will talk to you about these things** (Ara, age 34, Afghani)*

***I had no idea what was going to happen.** One of our friends told me about marriage and what is going happen to me when I have sex for the first time...**When she told me about sex I was scared and shivering...** I got married when I was 16 years old (Najiba, age 64, Iraqi)*

*It was a complete surprise to me if I am honest with you...**I was really scared** (Banoo, age 28, Afghani)*

**For many migrant and refugee women, talking about sex is culturally and religiously forbidden**

*We are **not allowed to talk about sex**, not even in our bedroom... it's a **taboo** (Arifa, age 48, Iraqi)*

*It is **shame to talk about sex with anyone in my culture** and I feel embarrassed to talk about it (Hooria, age 35, Sudanese)*

*Your mother **would kill you if she heard that word [sex]** (Arliyo, age 26, Somali)*

**Sexual relationships before marriage are forbidden and stigmatised**

*...it's **not permissible for unmarried men and women to be together** like having a relationship, **so it's absolutely wrong** (Hoodo, age 29, Somali)*

*They say sometimes when you have sex before marriage **sometimes you can't get kids, you're going to be addicted to sex all the time until you going to come like a prostitute** (Suz, age 42, South Sudanese)*

***To even think about sex is wrong before marriage** (Afghani Focus Group)*

**Women expressing sexual desire is considered to be culturally inappropriate by some women**

*So actually we **don't talk about sex at all**, so I have **no idea whether we're meant to enjoy it** or not to be honest (Anu, age 35, Punjabi)*

***Not acceptable at all, never ever...** As a Sudanese it is **impossible for women to ask for sex**" (Saba, age 42, Sudanese)*

**Many women believe they do not have the right to say no to marital sex**

*Well, if your husband wants to have sex, **I don't think our religion would allow us to say no...**if you say no...and you happen to die the same night, **we used to hear that you would go to hell** (Hani, age 32, Somali)*

*If she says no, **he might go outside and make another relationship** (Sudanese Focus Group)*

*The culture sees that **a woman is there to give joy to her husband** and bear children (Nasima, age 43, Iraqi)*

**Some women *could* discuss sex with their husbands, express desire, and say no to sex**

*When I don't have sexual desire I say no. (Somali Focus Group)*

*There is no shyness between husband and wife, I can talk to him about sex, it's normal (Kamelah, age 36, Sudanese)*

*There was always good communication. I would feel free to ask for certain things and to communicate my needs and pleasures... and when it was painful (Mariana, age 38, Latina)*

*Your society is opened so we learnt a lot from your society [Canada] so I see that it's my right to tell him what I enjoy and what I don't enjoy in the sexual relation. (Sudanese Focus Group)*

**Experiences of sexual pain or discomfort are common**

*It was painful every night and I hated sex (Najiba, age 64, Iraqi)*

*I feel pain in my vagina in the hours after the sex. In my culture it's shame to talk about this pain. It is considered normal [part] of having sex (Hooria, age 35, Sudanese)*

*It just hurts every time, sometimes it lubricates, sometimes it doesn't (Darya, age 24, Afghani)*

**Same-sex relationships were forbidden or taboo**

*It's not in our culture, it's not in our religion, it's not something we chose (Somali Focus Group)*

*We don't have this (Amer, age 34, Sudanese)*

*In my opinion it is religiously illegal 'haram' (sinful) and for my opinion it is completely totally refused (Iraqi Focus Group)*

**Some women could discuss sex and their sexual health needs with health providers post migration**

*The good point is that here I feel really comfortable about obtaining any kind of information related to my sexual health, but in Sudan and Saudi Arabia, I feel embarrassed to ask for this kind of information (Wafa, age 40, Sudanese)*

**Migrant and refugee women want support in educating their adolescent children about sex**

*I would like to have information about sexual education for kids and young people. I would like to have some advice or guidance on how to approach these kind of issues with my daughter (Mariana, age 38, Latina)*

*Here in Australia... when she was in Year 5 the sex education I participated in that session. I told myself, me and my child learning at the same time (Tamil Focus Group)*

### **Recommendations Regarding Sexual Knowledge and Communication for Migrant and Refugee Women:**

- Understanding of the social and cultural sensitivities that some migrant and refugee women have regarding talking about sex or sexual concerns
- Awareness that some migrant and refugee women have limited knowledge about sexuality and sexual practices
- Recognition that migrant and refugee women may not be aware of their sexual rights, including the right to say no, and the right to pain-free sex
- Adopting a comprehensive human-rights based approach, that treats migrant and refugee women and their sexual and reproductive health needs holistically, taking into consideration the wider socio-cultural context
- Education for men as well as women around sexual rights, e.g. embed education in culturally acceptable programs such as marriage counselling
- Awareness of the cultural difficulties facing same-sex attracted girls and women

### **Sexual Knowledge and Communication Resource and Support Needs of Migrant and Refugee Women:**

- Sexual rights and sexual consent
- Different types of sex, and the value of sexual pleasure and desire, including same-sex attraction, using a rights-based approach
- How to talk about sexual concerns with your partner and health professional
- How to avoid or treat sexual pain and discomfort
- Talk about use of lubricants e.g. during cervical screening and menopause education
- Sexual education for young people
- Information about respectful relationships

## **Premarital Virginity and Female Circumcision or Female Genital Cutting (FGC)**

Across all of the cultural groups women were expected to be identifiable as a virgin on their wedding night. For women from Islamic cultures, virginity was traditionally demonstrated through the collection of blood stained bed sheets. The possibility of absence of blood on their wedding night was a cause of concern for some unmarried participants. They wanted greater community recognition that women could be virgins and not bleed after first sex. Hymen repair was discussed as being available to mimic virginity. However, this was considered unacceptable, unless rape had occurred.

Infibulation and female genital cutting (FGC) was customarily used to ensure virginity before marriage among Sudanese and Somali participants. A woman who was not circumcised was considered “not a virgin” and traditionally was not marriageable [23].

### **Meaning of Female Genital Cutting (FGC)**

The meaning of female genital cutting (FGC) varied among individual Sudanese and Somali women, with some accepting and others rejecting it. There was general agreement that FGC was not a religious practice, but one of culture and tradition. The majority of women linked it to proof of virginity at marriage, or to the removal of a woman’s sexual desire, to ensure family honour.

The prevalence of FGC in women’s birth countries was said to be declining, with the practice happening mainly in rural areas. Participants who supported the abolition of FGC focused on the trauma of the procedure both physically and mentally, and said they would never consider it for their daughters. There

were a small number of women who supported the ongoing practice of ‘sunna’ or clitoral removal/nicking for their daughters. How this would be undertaken in Australia or Canada was not disclosed. Women were aware that any form of FGC practice is illegal in these countries.

### **Experiences of FGC and impacts on health and sexuality**

Women who had been circumcised had the procedure carried out prior to migration. Participants had received a range of FGC, including clitoridectomy and full infibulation. Accounts of the experience included being held down and cut with a razor, absence of anaesthetic, significant blood loss, pain, and distress. In a number of cases, fathers did not want their daughters to receive FGC, but mothers and older female relatives insisted and carried out the procedure while husbands were away.

Women reflected on the implications of FGC for women’s health and wellbeing. This included infection and pain following the initial procedure, which sometimes led to death. Severe pain or difficulties could be experienced during childbirth, especially for women who were continually being de-infibulated and re-infibulated. Painful menstrual periods were also a major problem for women who had undergone FGC, as were repeat infections.

Women reflected on the negative impact that FGC has on a women’s sexual life. Some women were de-infibulated immediately prior to marriage. The majority experienced severe pain on their wedding night, due to the tiny hole remaining after infibulation. This pain was ongoing, sometimes over months, until the husband had fully penetrated the opening. Women also reported a disinterest in sex due to the inability to feel pleasure.

**Migrant and refugee women are expected to be virgins, and traditionally, bleed on their wedding night**

*The second day of the wedding **they took that cloth with blood to the bride's mother to show her the cloth** and her daughter is still virgin, that means she raise her in a good manners and is proud of her daughter. (Saba, age 48, Sudanese)*

*In the morning...they expect a bed-sheet, like normally it's a white bed-sheet that is spread on the bed, and **they expect blood on that thing** (Akeck, age 31, South Sudanese)*

**Some women were concerned that they may not bleed on their wedding night**

*I am **very frightened** because **I do want to bleed, it's very important** (Suhaira, age 20, Afghani)*

*My experience is that we **needed to prove that we are a virgin**. That was the main concern, even **my mother and whole family were worried**. (Afghani Focus Group)*

*OMG **the most important thing** [to bleed], that is pretty much **your life and your future**, you could get bashed, or even killed in some families (Afghani Focus Group)*

**Some women want their communities to be educated about the hymen and bleeding following first intercourse**

*I want our older women, our mum and dad to be **taught** that sometimes it's okay, like that **girls is virgin but sometimes it's okay not to bleed** (Suhaira, age 20, Afghani)*

*They **don't know** that if **blood doesn't come** a girl still could be **virgin** (Afghani Focus Group)*

**Women had polarising opinions about the practice of hymen repair**

*You are born with virginity, people think they can make it, but it is not so. It is **something God made...it's only one chance, I am sorry, but it's not repairable** (Safi, age 43, Married, Somali)*

*If the girl had **hymen rupture by raping or accident**, this type of **hymen repair operation is good** (Iraqi Focus Group)*

***She is deceiving the person that she is going to marry**. I don't agree with this (Wafa, age 40, Married, Sudanese)*

*If I wasn't a virgin yes I would [get a hymen repair]...**because of the stigma...if you get married and you're not a virgin your in-laws will not respect you nor will your husband** respect you (Iraqi Focus Group)*

**Female genital cutting (FGC) is culturally undertaken to ensure premarital virginity and control women's desires**

Our mothers used to say that **if girls are not circumcised they become hyperactive**, they look for men but if they get circumcised they will cool down and just stay home, [it's] **just to kill their sexual desire** (Nafiso, age 28, Somali)

The **clitoris is the one that makes you want to have more sex**, I think if it was left...I'll be just all over men and having sex like crazy... **I would just have babies before the age of 15** because I would just engage in sex, that's my belief (Somali Focus Group)

In order to **decrease her sexual desire**, they do this female circumcision (Habibah, age 43, Iraqi)

There's two types of circumcision, one of them is just the bad one which is they do everything...**the other one is just a small thing, so the small thing is not bad**, because you move quickly they cut a small part of the body (Sudanese Focus Group)

**FGC can have severe negative impacts on women's health**

**Circumcision is killing off a part of a woman's life.** (Kamelah, age 36, Sudanese)

This [FGC] is **why my sexual experience with my husband was very painful and a lot of bleeding happened.** (Wafa, age 40, Sudanese)

Sometimes the **husband take her to the doctor to open.** Sometimes suffering for **two or three weeks.** It's really bad (Sudanese Focus Group)

**No space for the blood** to come out at menstruation (Amran, age 47, Somali)

**I born nine kids, seven times I have the procedure again.** (Somali Focus Group)

... every time she delivered the baby, **they had to open it and sew it back again.** She was really tired because she had five babies and **during her fifth birth, she passed away.** (Hawa, age 30, Sudanese)

**Most migrant and refugee women are strongly against their daughters being circumcised**

So I know, I've been there. **I've gone through this horrible experience, so I don't want my daughters to go through the same experience.** This is not a religion, this is not a culture, **it's a barbaric culture** (Somali Focus Group)

Never, **I would not do this at all for my daughter...** this is **wrong**, because if you imagine when you are 8 years old and you get to experience this, it's **very traumatic**, it's **very scary**... This is something completely wrong and it's a wrong tradition, and it has nothing to do with religion. (Wafa, age 40, Sudanese)

I think it's very cruel. **It shouldn't happen to young girls** (Fahmo, age 23, Somali)

I think **it's wrong and barbaric** and something that **doesn't have a base in Islamic religion.** **It's just a cultural thing** that we have adapted from other countries and **it's really unfair to the girls** (Hoodo, age 29, Somali)



## **Recommendations Regarding Premarital Virginity and Female Circumcision for Migrant and Refugee Women:**

- Understanding of the importance of virginity for the majority of women from migrant and refugee backgrounds
- Recognising concerns surrounding proof of virginity status and requests for hymenoplasty
- Awareness of the cultural context and different types of female genital cutting (FGC)
- Attentiveness to beliefs that some forms of FGC are deemed more acceptable than others, and provision of information to counter these beliefs
- Provision of culturally safe care for women who have undergone female genital cutting (FGC)
- Development of information and resources on hymen repair and female genital cutting for health and community workers
- Education and information for community and religious leaders on virginity, the hymen and female circumcision

## **Premarital Virginity and Female Circumcision Resource and Support Needs of Migrant and Refugee Women:**

- Education and materials for women and men on virginity status and the hymen including:
  - The fact that many women don't bleed at first intercourse
  - The hymen is not proof of virginity
- Puberty talks with mothers about virginity, the hymen and bleeding
- Educational talks in a safe place about female genitalia and what is 'normal'
- Information on female genital cutting (FGC) including:
  - Legal position of FGC in Australia or Canada;
  - Implications for women's health and wellbeing, including recurring infections;
  - Support and health care for women who have undergone FGC with referral to programs such as the 'NSW Education Program on Female Genital Mutilation';
  - Information and support for mothers to encourage them to refuse FGC for their daughters using a rights-based approach

## **Sexual Health Knowledge and Practice: Cervical Screening, HPV and Sexually Transmitted Infections (STIs)**

The majority of women, across cultural groups, had limited knowledge about women's sexual health or prevention of sexual health problems.

### **Knowledge of cervical screening, HPV and STIs**

Most women had very little knowledge about cervical cancer, or the need for cervical screening. One woman reported learning about pap smears at a migration information session while another gained information through her school-aged daughter. Likewise, there was a general lack of knowledge and awareness of the HPV vaccine. Women or their daughters who had received the vaccine were often not sure what it was for.

Women also had little knowledge about sexually transmitted infections (STIs) - the different types, different ways they are contracted and how they are prevented or treated. Most women only knew of HIV/AIDS. There was a belief that women were not at risk of STIs if they were monogamous. Some women held a fatalistic view that it was up to fate or a god to determine whether or not they contracted a STI.

### **Barriers to cervical screening and HPV vaccination**

A number of explanations were given for why women did not engage in sexual health screening. Women reported being "scared", "embarrassed", "shy", "lazy", "too busy", fear of "an intrusion of privacy", or being "not aware" as reasons for avoiding cervical screening. Some did not think it necessary for unmarried women to have cervical screening, due to social and religious norms forbidding

premarital sex. Cervical screening was also believed to affect the hymen, and therefore virginity status. The HPV vaccine was not considered important for young unmarried women. There were also misconceptions around the HPV vaccine, with a few participants believing it caused cancer.

After migration several women across cultural groups reported regular cervical screening, attributing this to healthcare providers who sent out reminder letters or spoke to them personally. A number of women were keen for their daughters to be protected from cervical cancer through HPV vaccination. Participants wanted information on cervical screening and the HPV vaccine.

### **Experiences of and worries about STIs**

A number of participants reported experiences of STIs and other reproductive infections, or gave accounts of experiences of family members or friends. Husbands were seen as the source of the infection, leaving their wives to deal with the consequences.

Many women were unable to ask their husbands to be tested, if they suspected a STI. Some women were also worried about beginning a relationship due to not knowing if the potential partner had an STI, as well as being concerned about their adult children contracting STIs. Women told us that they wanted information on STIs.

Many participants reported having experienced urinary tract and yeast infections. However, seeking help from health care providers was sometimes delayed, because of lack of understanding of the infection, or use of home remedies. Other women described having regular GP check-ups and receiving good sexual health care.



Many migrant and refugee women have poor or incorrect knowledge about cervical screening and HPV vaccine

*We don't know what it is [cervical screening], what is that, how much is that important for us? (Tamil Focus Group)*

*If my daughter said that **she has no sexual relations, why should I give her this vaccine?** (Iraqi Focus Group)*

Many migrant and refugee women have poor or incorrect knowledge about sexually transmissible infections

*I don't know much about that (STIs) but I try to keep myself very clean (Banoo, age 28, Afghani)*

*In **my culture, we don't know anything about that**, I've never come across that... no (Janni, age 32, Tamil)*

*The belief is that people who came here, they think they don't have any sickness in their body, so whoever you are dating, **you can have sex without condom or any protection** (Akoi, age 40, South Sudanese)*

Cultural barriers to sexual health screening or prevention

*If she's not married, no reason for that [cervical screening] (Iraqi Focus Group)*

*It can **affect the virgin state** and the **hymen** [cervical screening] (Bashira, age 44, Iraqi)*

*We spend our lives, nearly 20 years back home... **maybe it takes time to change**, because I'm here just only three years [regarding cervical screening] (Andrea, age 26, Tamil)*

*Yes **it is not important to give this vaccine** at that time [when unmarried] (Iraqi Focus Group)*

*If you're meant to have it in you, you know, **if it is meant to end your life then it will, nothing can prevent that** (Hoodo, age 29, Somali)*

Advice and providers can encourage regular cervical screening practices reminders from health

*I wasn't aware of it before I came to Australia, **my family doctor told me about it**. I got all the information and I do it on regular basis (Hooria, age 35, Sudanese)*

***GP has been really good at reminding me** (Punjabi Focus Group)*

Women want access to sexual health information

*I think in regards to different diseases, **sexually transmitted diseases** I think, I usually get scared about them, I want to know about them (Setara, age 23, Afghani)*

*I would like women or girls to **be informed about this free injection [HPV vaccine]**...like girls in my age group they don't know these things (Maano, age 19, Somali)*

### **Recommendations Regarding Sexual Healthcare for Migrant and Refugee Women:**

- Recognition that migrant and refugee women may not have adequate knowledge about STIs, cervical screening and HPV vaccination
- Acknowledgment of cultural sensitivities associated with cervical screening and HPV vaccination particularly for unmarried women
- Clear information that cervical screening and HPV vaccination are part of prevention of cancers in women
- Development of cervical screening and HPV vaccination information and resources for community workers
- Culturally appropriate reminder systems for cervical screening along with the new 5 year protocol
- Using Cervical Cancer Day to spread awareness
- Development of sexual health information and resources for community workers on STIs and urogenital tract infections
- Provision of sexual health literacy workshops for community workers
- Empowerment of young people to take the lead in sexual and reproductive health education and in turn feedback into their own communities

### **Sexual Healthcare Resource and Support Needs of Migrant and Refugee Women:**

- A directory of women's services including services for LGBTI and intellectually impaired women, as well as access to low cost services
- Sexual health literacy workshops and ongoing education for migrant and refugee women and men, including:
  - Cervical screening: including current guidelines; an explanation for why cervical screening is needed; potential implications of avoiding cervical screening
  - HPV vaccinations: what they are; what they prevent; any side effects, with emphasis on the vaccine given to all young women not just those who are sexually active
  - STIs and urogenital tract infections: what they are in women and men; how they are contracted; how they can be prevented and treated; implications of an untreated STI; address myths about STIs
  - Negotiating safe sexual relationships

## **Sexual Health Information and Support – Experiences and Preferences**

Many of the women in the study placed a low priority on their own sexual health needs, resulting in putting others' health needs before their own. This was often due to stress or responsibilities at home. Other barriers to accessing professional healthcare that women raised included lack of education, illiteracy, lack of internet access, poor health promotion in country of origin, cultural and religious constructions of health, and the impact of migration [20].

Some women reported relying on cultural remedies for infections, as well as leaving their health up to fate or god's will, rather than seeking professional help. Several women also faced financial barriers to accessing healthcare, or were uncertain about their rights to healthcare due to their residency status.

Women who migrated without their extended family described their new environment as very physically demanding and isolating, with their own sexual health low on the agenda. Some women reported negative attitudes and lack of support from their husbands as a barrier to seeking professional sexual healthcare. Several Sudanese participants reported that men in their culture resisted adapting to western culture because it would mean they would lose 'control' over their women.

### **Experiences of consultation with health care professionals**

Many women considered discussion of their sexual health needs and exposure of their body for examination by a health care professional (HCP) as inappropriate.

For this reason, women healthcare providers were preferred when discussing 'sensitive' matters, or when being examined physically.

Some women described difficult experiences when they sought sexual or reproductive healthcare. This included difficulties in communication with HCPs, perceived disinterest in the part of HCPs, absence of tangible solutions to their problems, and consultation times that were too short to address their concerns. In contrast, other women had positive experiences of sexual health screening and support for sexual and reproductive health from GPs, specialists, and community workers.

### **Preferences for sexual health information**

Women varied in their preferences for sexual health resource delivery. While some participants preferred to receive sexual health material that could be read or viewed in private, others indicated they preferred group discussions or one-to-one talks. Various barriers to receiving information were highlighted, including issues of confidentiality, and the shame and stigma associated with talking about sex.

Women highlighted their need for information on sexual and reproductive health. Broad topics participants wanted more information on included:

- Menstruation
- Menopause
- Contraception
- Sexual health screening
- STIs
- Sexual education of young people
- Painful sex

**Migrant and refugee women may place low priority on sexual healthcare**

*We always think about the kids and husbands but **we forget about our self** (Faaiso, age 32, Somali)*

**Due to cultural beliefs some women are reluctant to be examined, particularly by a male health professional**

*...they **don't want to expose the body**. So even if they know that they are going to die, they don't want it (Andrea, age 26, Tamil)*

*I was **scared to see the doctor**... that it is a man... **I felt the some anxiety as one feels on the first night of the wedding**... I was relieved that my husband said that the doctor did not see much, never mind (Zinat, age 45, Punjabi)*

*...even a **specialist, no, not to a man** (Iraqi Focus Group)*

**Migrant and refugee women prefer a variety of sexual and reproductive health resource delivery options**

*I think one of the good ways to get that information could be in the **community centres, in the neighbourhood houses**...for example, groups, **parenting groups**, and there will be one of the **good spaces to take advantage and to talk about sex education** (Catalina, age 45, Latina)*

**Reading.** Because we are **very private people** (Tamil Focus Group)

*I would like to see little information books in doctor clinics, so we could read and could speak about it... **we can't talk in our community in a group** (Azita, age 38, Afghani)*

**One-on-one chat is probably more comfortable** for people because it's **more personalised** (Manjit, age 33, Punjabi)

**Group sessions would be fantastic**...because it's nice to hear what other people are going through too (Geet, age 30, Punjabi)

**Migrant and refugee women want access to appropriate sexual health education on a wide range of topics**

*I concerned about parenthood advice, how to teach **sexual education to your kids**. My daughter, she already asks me about how my son was made, how babies are done, why you and my dad kiss each other. **I'm not sure what will be the right way to engage in that kind of conversations** with her (Isabella, age 46, Latina)*

*I want women to be taught about girls, about [how] **young girls don't bleed sometimes** [at first sex] (Suhaira, age 20, Afghani)*

*I think **I should start getting more information about ways to get a lubricant**... so that I am **not experiencing painful sex** (Mariana, age 38, Latina)*

*More with the **contraception, talk about them**, it's something that I would actually like more information (Akeck, age 31, South Sudanese)*

## **Recommendations Regarding Sexual Health Information for Migrant and Refugee Women:**

- Understanding sexual and reproductive health as central to 'women's health and well-being'
- Education for health and community workers on how to work collaboratively with migrant communities
- Incentives to address sexual and reproductive health in migrant and refugee communities
- Building partnerships within migrant and refugee communities and services to implement culturally safe sexual and reproductive health education programs, including peer support groups for connecting with women who may be isolated
- Consulting with migrant and refugee communities about appropriate strategies to increase capacity to access sexual and reproductive health services
- Developing specific sexual and reproductive health resources tailored for different cultural backgrounds in consultation with communities
- Developing resources for women with low levels of literacy, i.e. material that is highly visual with simple language and use of diagrams and images
- Resources on sexual health to be disseminated as part of the resettlement process
- A collation of available resources to know what information exists and in what languages
- Providing information for women at events such as Women's Week, Refugee Week and the media
- Availability of information and support in a range of modalities to suit women's preferences: written, one to one, group discussion, peer education, video
- Availability of sexual and reproductive health information and resources at services and places frequented by migrant and refugee women including: migrant centres, doctors' surgeries, social security and government agencies for housing and education, community centres and clubs

### **Migrant and Refugee Women Want Information on:**

- Menstruation
- Menopause
- Sexual health screening
- Contraception
- STIs
- Sexual education

## Moving Forward and Future Research

A Stakeholder Forum was held at the Community Migrant Resource Centre in Sydney on October 11<sup>th</sup> 2016, where 61 participants, made up of healthcare providers and community workers, provided feedback on the report. Key research findings were discussed, report recommendations were evaluated, and research priorities and opportunities for collaboration in future research were raised. The stakeholders discussed steps on how to move forward with the current report and recommendations. This included provision of feedback on the overall content of the report and advice on the recommendations given for each section; how to disseminate the findings; and how to move forward in addressing sexual and reproductive health needs of migrant and refugee women. One of the main points the stakeholders highlighted was the need to make sexual and reproductive health a higher priority within multicultural health, and health in general. The following are suggestions they gave on how to go about this:

- Engage with policy makers to ascertain who is responsible for providing sexual and reproductive health education, particularly as there have been structural and organisational changes in women's health services and their connections with community migrant health services
- Provide policy makers with evidence-based research such as this current report to help put sexual and reproductive health on their agenda
- Align the findings of the current report with the NSW Department of Health's 'women's plan' to help set priorities in sexual and reproductive health
- Take the opportunity to be involved with the NSW Department of Health's tender for mapping women's health service provision, e.g. to produce a directory of sexual and reproductive health information and services
- Collaborate with health providers so that the same message is communicated across the service sector and that sexual and reproductive health services are available for migrant and refugee women at all services
- Partner with disability organisations and the NSW Council for Intellectual Disability to provide appropriate sexual and reproductive health information for migrant and refugee women with disabilities
- Involve the media in promoting and sharing sexual and reproductive health information
- Use the report to help upskill healthcare providers and community workers in migrant and refugee sexual and reproductive health
- Use findings of the current report to help the Australasian Sexual Health Alliance (ASHA) and health promotion teams in the public and private sector in developing and producing tools (i.e. fact sheets, apps, decision tools) to reach all migrant and refugee women including those who don't use services.

### **Stakeholders Provided Recommendations for Future Research Topics:**

- Breast screening
- Antenatal care
- International students and sexually transmissible infections
- Attitudes to HIV/AIDS
- Sexual violence
- Needs of same-sex attracted women from migrant and refugee backgrounds
- Migrant and refugee women with disabilities, including cognitive and intellectual disabilities
- Men's perspectives on sexual and reproductive health
- Other cultures



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## Appendix 1

### **Sexual and Reproductive Health of Migrant and Refugee Women Interview and Focus Group Schedule**

#### **Becoming a Woman**

##### ***Menarche and menstruation***

To begin with I want to ask you a few questions about becoming a woman and having babies. One of the first signs of becoming a woman is when you start to bleed once a month. In Australia this is called menstruation. Did you know about bleeding/menstruation before it first happened to you?

When did you first find out anything about bleeding? What did you find out? How did you find out?

##### ***Changes after menarche***

Did things change for you after you started bleeding? (e.g. by wearing particular clothes; by celebrating or having a feast?)

Is anything different in your life now when you bleed? (e.g. preparing food; washing your hair; social or work time; having sex?)

##### ***Premenstrual changes***

Some women report changes before their period, which can be difficult, or can be positive. Is this something you're aware of? (Prompt: physical and psychological changes) Has it happened to you? In Australia this is called 'PMS'. Do you have a word for it?

#### **Becoming a Mother**

##### ***Knowledge about pregnancy***

When you started bleeding did you understand that you were now able to have a baby? If not, when did you first find out anything about having babies?

##### ***Knowledge about contraception***

Do you know about how to stop having babies? In Australia this is called contraception. Do you have a word for it?

Are you doing or using something to help you not have babies now? (e.g. traditional methods, withdrawal method, taking the pill, using condoms, IUD, etc.) (Why/why not?)

Are you able to talk about this with your husband/partner?

For women who use contraception: How do you find these methods? (positive/negative consequences; how happy are you with contraceptive choice?; any consequences in terms of changed menstrual cycle or changes in sexual desire?)

Do you worry about trying to have a baby or trying not to have a baby?

For women who do not use contraception: What are your beliefs surrounding contraception use? (e.g. religious, cultural)

If you want to stop having a baby in the future, what methods of contraceptives would you use? What methods wouldn't you use? Why? (e.g. concerns or worries)

##### ***Knowledge about menopause***

When women's bleeding has stopped, it is called menopause – do you use this word? If not, do you have a word for it?

Do you know what happens to women's bodies during menopause? What do you think about menopause? (e.g. any concerns?)

Has this happened to you? What was your experience? (e.g. what are your thoughts/experiences about 'hot flushes' or vaginal dryness?)

## **Being in love and having sex**

### ***Sex before marriage***

In Australia and Canada, many people choose to have relationships and to have sex before they are married. What would happen if a woman in your culture met a man and wanted to have sex, but they were not married? Is this something you would do?

Some cultures allow certain sexual practices before marriage – as long as sexual intercourse does not take place, and the woman remains a virgin. Are certain things ok in your culture, such as touching each other intimately, oral sex, anal sex, Skype sex, when you are not married? Would you engage in such practices before marriage?

If a woman in your culture were to have sex before marriage, is there anything she could do to regain her virginity? For example having a hymen repair?

### ***Choosing a partner***

Married women: Is it ok for you to choose who you want as a partner/husband?  
Did you choose your husband?

Unmarried women: Is it ok for you to choose who you want as a partner/husband?  
What do you consider to be important when considering a man for marriage?

What would happen if a woman in your culture fell in love with another woman?

## **Sexual pleasure and desire**

For women who have sex: In your culture, are women expected to enjoy and want sex?

Do you ever feel like you want to have sex? What does this feel like?

Can you show this to your husband or is it always what your husband wants that counts? What happens if you show your husband that you want to have sex; do you ever worry about not wanting to have sex?

For women who have not had sex: Despite not being married/sexually active, is sex something you think about? Do you ever feel like you want to express your sexual desire?

Do you ever explore your body in a sexual way? Did you feel pleasure from this?

Do you ever feel attracted to another person (e.g. physically/emotionally)? What does this feel like?  
Can you express your desire towards that person?

Do you think it is important to be sexually attracted to a potential partner/husband? (Why/why not?)

Do you think your views on sex have changed at all across your time in Australia?

## **Talking about Sex**

Now we are going to move on to talk about sexual desires and concerns. Do you ever talk about sex with your husband/partner? (Do you talk about what you want and when you want it? Can you say no to sex? Can you say no to certain kinds of sex that you don't want?)

If you can't talk about sex with your husband/partner, what is stopping you?

Do you ever talk about sex with anyone else? (daughters, friends, fiancé, partner, doctor)  
If yes, what do you talk to them about?

## **Worries about Sex**

### ***Sexually transmitted infections (STIs)***

Some women have worries about their sexual health. One worry that women sometimes have is getting an infection, medically called a sexually transmissible infection, or STI.

Do you know what this is? What would you do if you thought this had happened to you?

### ***Pap tests and cervical cancer***

In Australia, women are encouraged to have a test, called a Pap test, to make sure that they don't get cervical cancer. Do you know about Pap tests? Is this something you have on a regular basis (if not, why not?)

Young women can now have a free injection to prevent the virus that leads to cervical cancer. Do women in your community normally have this injection? (For younger women: Is this something you have had; if not, why not? For older women with daughters: did your daughter have the injection; if not why not?)

### ***Painful and unwanted sex***

Some women say that sex can be painful. Is this a concern for you? What would you do about it if it happened? Can you talk about it with your husband?

Some women have sex when they don't want to, which can cause distress or pain. Have you ever had sex when you don't want to? Have you been forced to have sex? How was this for you?

### ***Worries about daughters and sex***

Do you worry about your daughters or female family members when it comes to sex? What concerns do you have? (e.g. having sex before they are married)

### ***Female circumcision***

In some cultures it is common for girls to be cut down below. Is this an issue for you or your daughters? What do you think about this?

## **Changes over time**

Women's experiences of their bodies and sexuality can change over time, or as our life circumstances change.

Have any things changed in relation to your sexual health since migrating to Australia? Since you had children? Since stopping bleeding [menopause]?; Can you explain what has changed?

## **Getting help about sexual health**

Lastly, we would like to know what aspects of sex and having babies you would like more information about. Have you ever gone to a doctor to ask for help about sex or about having babies? If yes, who did you see? Is it important for you to see a female doctor?

Where else do you go to get information about sex? (e.g internet, friends)

What is the best way to get you the information you want about sex or having babies? (e.g. through a booklet; a DVD; a one-on-one talk; a group education session; the internet)

This is the end of the interview – thank you for taking part. Are there any other issues we haven't talked about that you would like to discuss?